U.S. Department of Energy
Voluntary Protection Program
Best Practice Submittal Form

Name:	Gary Branich
Organization:	WSSRAP
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Phone:	(636) 441-8086 ext. 3901
FAX:	
E-mail:	gary_branich@wssrap-host.wssrap.com

Best Practice Title/Identifier: Time Out for Safety

Please provide a brief description of the best practice you are submitting for your site:

The "Time Out for Safety" program empowers individual workers who perceive that there is a potential safety or health hazard associated with a task they are performing to stop work and take "time out for safety" without the fear of negative consequences. The program at WSSRAP is not formalized as a procedure, but is backed by a policy statement signed by DOE and Project Management Contractor managers. The success of "Time Out for Safety" can be attributed to the fact that the program was developed by the line workforce and supported by management. The right to take a "Time Out for Safety" is a topic at the site's initial General Employee Training (GET) session and continually reinforced. "Time Out for Safety" is supported by both our Union and Non-Union workforce and is instrumental in maintaining the safety culture at WSSRAP.

Please check the applicable category for your best practice:

- ☐ Management Leadership
- ☑ Worksite Analysis
- ☐ Safety and Health Training
- ☑ Employee Involvement
- ☑ Hazard Prevention and Control

Other (please specify):

E-mail your completed form to sanjeeva.kanth@eh.doe.gov or fax to 301-903-2239. Remember to attach any supplemental material regarding your best practice, if available. Contact Sanjeeva Kanth at 301-903-4516 with any questions.

U.S. Department of Energy

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E-mail:	gary_branich@wssrap-host.wssrap.com

Best Practice Title/Identifier: Morning Safety Meetings

Please provide a brief description of the best practice you are submitting for your site:

Each morning before any work activities are performed, a meeting is held at each subcontractor or crew work area. The purpose of the meetings is to review the hazards as identified in the Task Specific Safety Assessment (TaSSA) or Safe Work Plan for the particular work activity to be performed. The success of the morning meetings is that workers provide input and open discussions concerning the work activities addressed in the TaSSA or Safe Work Plan. The meeting provides an opportunity to review lessons learned, employee concerns, changed conditions, other work activities in the area and potential hazards. The meetings have evolved into a very open time for workers to be a part of the safety and health programs.

Please check the applicable category for your best practice:

- ☐ Management Leadership
- ☑ Worksite Analysis
- ☐ Safety and Health Training
- ☑ Employee Involvement
- ☑ Hazard Prevention and Control

Other (please specify):

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Best Practice Title/Identifier: Blue Card Program

Please provide a brief description of the best practice you are submitting for your site:

The Blue Card Program is a self-inspection program where field personnel, including construction engineers, safety supervisors, and ES&H personnel document the inspection on a blue card. These blue cards are the checklists that provide guidance to representatives conducting the walkthroughs. Various forms of blue cards are used based on the nature of the activity. For example: for an excavation operation, the blue card specifically designed for excavation is used. The information gathered from the blue card program is summarized by various categories and the summary of these findings is distributed to project managers on a weekly basis.

Please check the applicable category for your best practice:

- ☐ Management Leadership
- ☑ Worksite Analysis
- ☐ Safety and Health Training
- ☑ Employee Involvement
- ☐ Hazard Prevention and Control

Other (please specify):

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FAX:	
E-mail:	gary_branich@wssrap-host.wssrap.com

Best Practice Title/Identifier: Teaming to Improve Productivity and Safety (TIPS) at WSSRAP

Please provide a brief description of the best practice you are submitting for your site:

The Teaming to Improve Productivity and Safety (TIPS) program was established to provide a process whereby site continuous improvement suggestions could be achieved in a cost effective and efficient manner. To date the TIPS program has recorded 3924 suggestions, of which 3883 have been completed (implemented or closed), and 41 are pending. TIPS improvements are usually evaluated and implemented by an individual. This fosters a sense of responsibility for determining feasibility and practicality of the improvement. Management encourages participation and fostering ideas and suggestions for continuous improvement.

Please check the applicable category for your best practice:

- ☑ Management Leadership
- ☐ Worksite Analysis
- ☐ Safety and Health Training
- ☑ Employee Involvement
- ☑ Hazard Prevention and Control

Other (please specify):

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U.S. Department of Energy
Voluntary Protection Program
Best Practice Submittal Form

Name:	**Jim Brown / Bennie Efird**
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FAX:	**803-952-7319**
E-mail:	**jim.brown@srs.gov / bennie.efird@srs.gov**

Best Practice Title/Identifier: **The Wackenhut Integrated Safety Committee / employee user groups evaluate proposed equipment.**

Please provide a brief description of the best practice you are submitting for your site:

The Integrated Safety Committee (ISC) was created to provide a continuing review of the following: (1) WSI-SRS policies and practices relating to performance-based training (which includes the use of firearms, munitions, and related equipment) to ensure that an adequate level of safety and risk assessment isprovided; (2) the creation or significant modification of permanent posts and fighting positions; and (3) the first time procurement of equipment (e.g., tactical vests, firearms, holsters, and uniforms), post equipment (e.g., portable x-ray equipment and hand-held detectors), office furniture (e.g., desks, chairs, stools, and computer workstations), and special use vehicles for specific applications.

CONTINUED ON NEXT PAGE

Please check the applicable category for your best practice:

- ☑ **Management Leadership**
- ☐ **Worksite Analysis**
- ☐ **Safety and Health Training**
- ☑ **Employee Involvement**
- ☐ **Hazard Prevention and Control**

Other (please specify): **The Five Core Functions of the DOE ISMS**

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Brief description of the best practice (cont.):

A cross-functional users' group is a mix of nonsupervisory personnel representative of all anticipated users An example of a users' group evaluation is the proposed handgun change. A users' group of 26 potentially affected employees, plus the Senior Armorer and Armorer, the Firearms Instructors, and the Senior Operational Safety Officer, to evaluate a wide variety of handguns and make a recommendation to the ISC. This user's group's members varied in height, weight, sex, dominant hand (right or left), and hand size. After the evaluation, the user's group's recommendation was reviewed; and WSI is pursuing the purchase of thehandgun the users' group recommended.

U.S. Department of Energy
Voluntary Protection Program
Best Practice Submittal Form

Name:	**Sharon Chivers**
Organization:	**Lockheed Martin Idaho Technologies Company**
Address:	**P.O. Box 1625** **1955 Fremont Ave, Idaho Falls, ID 83415**
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FAX:	**(208) 526-2794**
E-mail:	**scc@inel.gov**

Best Practice Title/Identifier:	**Passport to Excellence**

Please provide a brief description of the best practice you are submitting for your site:

The Passport program is voluntary for all INEEL employees as well as DOE-ID employees. Three Passport booklets, one for foremen and above, one for LMITCO employees, and one for DOE-ID employees were distributed. Each booklet contains 25 activities of which the employees may choose 20 to complete. The activities range from participating in safety-related activities (such as the Safety Bowl, Safety EXPO, safety meetings, performing hazard assessments, participating in worksite analysis, etc.), environmental activities such as performing environmental assessments of their work areas and presenting Environmental topics at staff meetings, and activities that help make employees aware of procedures and processes that implement VPP and ISM programs (such as attending Company Safety team meetings, reading the Unit Charters, knowing their Unit goals and Action Plans).

Please check the applicable category for your best practice:

- ☐ **Management Leadership**
- ☐ **Worksite Analysis**
- ☐ **Safety and Health Training**
- ☑ **Employee Involvement**
- ☐ **Hazard Prevention and Control**

Other (please specify):

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U.S. Department of Energy
Voluntary Protection Program
Best Practice Submittal Form

Name:	Sharon Chivers
Organization:	Lockheed Martin Idaho Technologies Company
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Phone:	(208) 526-0259
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E-mail:	scc@inel.gov

Best Practice Title/Identifier:	Safety Bowl

Please provide a brief description of the best practice you are submitting for your site:

The Safety Bowl is held in the same format as a College Bowl. 400 questions from the following work disciplines (Fire protection, Security, Environmental, Industrial hygiene, Industrial safety, Radiation control, Emergency preparedness, Union representation, Voluntary Protection Program and the Integrated Safety Management system) were sent out to all participants. Each team searched procedures and documentation find the answers to the questions. The top four teams participated in the final safety Bowl to determine 1st, 2nd, 3rd and 4th place winners. The First and Second place winners were sent to the VPPPA National Conference. This activity promotes teamwork and gives employees the opportunity to learn about other disciplines.

Please check the applicable category for your best practice:

- ☐ Management Leadership
- ☐ Worksite Analysis
- ☐ Safety and Health Training
- ☑ Employee Involvement
- ☐ Hazard Prevention and Control

Other (please specify):

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Name:	Sharon Chivers
Organization:	
Address:	P.O. Box 1625 1955 Fremont Ave. Idaho Falls, ID 83415
Phone:	(208) 526-0259
FAX:	(208) 526-2794
E-mail:	scc@inel.gov

Best Practice Title/Identifier: Union Safety Summit

Please provide a brief description of the best practice you are submitting for your site:

The INEEL site has over 20 different unions and subcontractors providing a major portion of the 6000 plus workforce. The largest ones are: Paper Allied & Chemical Engineering Employees (PACE); Amalgamated Transit Union (ATU); Building Trades Union; Teamsters, Chauffeurs, Warehousemen and Helpers Union; United Plant Guard Workers of America (UPGWA); and various subcontractors. The President of LMITCO, the Manager of DOE-ID and the Presidents of the above unions and subcontractors signed a "Statement of Endorsement" in support of the VPP program. The Union Summit was developed and implemented by the Unions and subcontractors. Representatives from the above organizations meet regularly to discuss safety concerns and are committed to providing a safe and healthy work environment for all the workers at the INEEL.

Please check the applicable category for your best practice:

- ☑ Management Leadership
- ☐ Worksite Analysis
- ☐ Safety and Health Training
- ☐ Employee Involvement
- ☐ Hazard Prevention and Control

Other (please specify):

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U.S. Department of Energy
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Best Practice Submittal Form

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FAX:	(509) 373-0242
E-mail:	james_f_dickman@rl.gov

Best Practice Title/Identifier:	Union Safety Representative (Hanford Atomic Metal Trade Council)

Please provide a brief description of the best practice you are submitting for your site:

The M&I Contractor (FDH) in concert with the local union (HAMTC) and the Operations Office (RL) has established a union safety position within each company in the PHMC. These HAMTC Safety Reps, as they are called have been instrumental in reducing the number of formal safety concerns by working issues to resolution at the lowest possible level. They have been very effective at the worker level with sorting safety concerns from union issues and helping develop an improved appreciation for safety. The HAMTC Safety Reps have been empowered to interact at all levels within the PHMC and frequently work issues up the chain to the president's level at the various contractor companies. The seven Reps handled just over one thousand concerns in 1998 with an estimated cost avoidance of over three million dollars.

Please check the applicable category for your best practice:

- ☑ **Management Leadership**
- ☐ **Worksite Analysis**
- ☐ **Safety and Health Training**
- ☑ **Employee Involvement**
- ☐ **Hazard Prevention and Control**

Other (please specify):

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U.S. Department of Energy
Voluntary Protection Program
Best Practice Submittal Form

Name:	James F Dickman
Organization:	Fluor Hanford Project Safety
Address:	PO Box 1000 Richland, Wa. 99352 Mail Stop A0-23
Phone:	(509) 376-5857
FAX:	(509) 373-0242
E-mail:	james_f_dickman@rl.gov

Best Practice Title/Identifier:	Hanford General Employee Training (HGET) VPP Survey

Please provide a brief description of the best practice you are submitting for your site:

To help determine effectiveness of implementation efforts the Hanford VPP Champions Team developed an employee feedback tool. The tool consists of fifteen statements directly related to the DOE VPP criteria. Each of the five tenets has three statements associated with it makeing up the fifteen total. Employees taking HGET for the first time do not get the survey to assure that those taking the survey have had at least one year of exposure to the program. As the employee goes through the survey they are requested to register their level of agreement with the statement. Responses range from Strongly Disagree to Strongly Agree with five options e.g. agree, neutral, disagree. With 100% of the employee population captured this has turned into a very effective tool to measure the safety attitude (culture) of Project Hanford workers.

Please check the applicable category for your best practice:

- ☑ Management Leadership
- ☐ Worksite Analysis
- ☑ Safety and Health Training
- ☑ Employee Involvement
- ☐ Hazard Prevention and Control

Other (please specify):

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U.S. Department of Energy

Voluntary Protection Program

Best Practice Submittal Form

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Phone:	**(816) 997-4043**
FAX:	**(816) 997-7257**
E-mail:	**sgilmore@kcp.com**

Best Practice Title/Identifier:	**JHA & ESAP systems**

Please provide a brief description of the best practice you are submitting for your site:

The use of electronic data systems has revolutionized access, retrieval, and processing of safety information. The Job Hazard Analysis (JHA) system and the Environmental Self Assessment Program (ESAP) are two such systems at FM&T/KC. The JHA system facilitates hazard identification on a task driven basis, while ESAP is used for identification of potential hazards within the work environment. Both allow for electronic generation, storage, and subsequent access. These features increase both safety efficiency and effectiveness. Line management is responsible for both ESAP and JHA implementation, while ES&H administers, tracks, and trends site-wide data. Together, these systems serve to integrate ES&H into the line organization.

Please check the applicable category for your best practice:

- ☐ **Management Leadership**
- ☐ **Worksite Analysis**
- ☐ **Safety and Health Training**
- ☐ **Employee Involvement**
- ☑ **Hazard Prevention and Control**

Other (please specify):

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U.S. Department of Energy

Voluntary Protection Program

Best Practice Submittal Form

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Organization:	LMITCO
Address:	
Phone:	(208) 526-7106
FAX:	
E-mail:	CH1@inel.gov

Best Practice Title/Identifier:	Observation and Feedback Process

Please provide a brief description of the best practice you are submitting for your site:

This program is worker driven and management approved. The success of the program relies on all employees in every capacity, knowing their roles and responsibilities. It was developed by the workers as an observation process and as part of a Total Safety Culture. This is a process where workers routinely observe one another working and provide feedback on the positive and negative behaviors observed. The observers use checklists to guide their observations on safety-related behaviors. All observations are anonymous and voluntary. The checklists are entered into a database for tracking and trending in order to identify areas where safety can be improved. The purpose of the program is to increase safe behaviors and decrease at-risk behaviors.

Please check the applicable category for your best practice:

- ☐ Management Leadership
- ☐ Worksite Analysis
- ☐ Safety and Health Training
- ☑ Employee Involvement
- ☑ Hazard Prevention and Control

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U.S. Department of Energy
Voluntary Protection Program
Best Practice Submittal Form

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Phone:	**(630) 252-4903**
FAX:	**(630) 252-2942**
E-mail:	**elangenberg@anl.gov**

Best Practice Title/Identifier:	**A Tool to Identify Individual Job Hazards**

Please provide a brief description of the best practice you are submitting for your site:

Argonne National Laboratory-East uses a tool (an eight page "Job Hazards Questionnaire") to identify an individual's job hazards through a series of questions. This information is entered into a database which is used to:
1: Complete an assessment of an individual's hazards encountered on the job;
2: Link hazards to training requirements to produce an individual's training profile;
3: Track, trend and document training;
4: Provide reports to individuals and management (e.g., identify entire populations with specific hazard exposures, provide input for medical surveillance, assist with investigations and assessments).

Please check the applicable category for your best practice:

- ☐ **Management Leadership**
- ☑ **Worksite Analysis**
- ☑ **Safety and Health Training**
- ☐ **Employee Involvement**
- ☐ **Hazard Prevention and Control**

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ANL Job Hazard Questionnaire

Employee Name _____ Badge Number _____

Employee Signature _____ Date _____

Job Title _____

Division/Department _____

Supervisor Name _____ Badge Number _____

Supervisor Signature _____ Date _____

ESH Coordinator Name _____ (Name and Signature are optional)

ESH Coordinator Signature _____ Date _____

INTRODUCTION

The answers to this questionnaire will be used to identify requirements and suggestions for training in the areas of environment, safety, and health protection. The answers will also be used to identify needs for medical evaluations (monitoring for potential work-related health effects) and certifications (confirmation of appropriate physical abilities and health status), and should reflect current job responsibilities.

A questionnaire must be completed for all regular and temporary employees who work more than two weeks per year on the ANL-E site or off-site for ANL-E projects, and by individuals on work contracts who work more than two weeks per year at the ANL-E site (does not include construction workers). In addition, questionnaires must be updated when job assignments or job hazards change. The supervisor and employee are jointly responsible for the accuracy of the information provided. If employees do not complete the questionnaires themselves, they should be made aware of the answers provided.

INSTRUCTIONS

1. *Fill in the blanks on page 1.*

   If a group of employees with the same supervisor will have an identical set of responses, a single questionnaire ("template") may be completed along with supplementary signature form ANL-521A.

2. *Answer all of the questions.*

   Many of the questions have multiple levels. For each question preceded by two boxes, provide an answer by entering a ✓ in either the YES or NO box. If the answer is "NO," proceed directly to the next question with two boxes. If the answer is "YES," follow the instructions provided.

   Definitions for the vocabulary used in the questionnaire are printed on page 8.

3. *Submit the questionnaire* to either the ESH Coordinator or the Training Management System (TMS) Representative for your division or department.

   Individual divisions and departments will specify the preferred routing.

The TMS Representative will (a) enter the answers into the Laboratory's computer database, (b) generate and distribute a curriculum, (c) coordinate retention of the completed questionnaires, and (d) register employees for scheduled classes.

Duties and Responsibilities

D1 ☐ Yes ☐ No — Is the person an **ANL EMPLOYEE**, or does the person have a **TEMPORARY ANL APPOINTMENT** or work contract for other than construction work? (If YES, check all that apply.)

- D1.1 ☐ Works at the ANL-E site more than two weeks per year. If YES, write the building number(s) in which work is done. _____
- D1.2 ☐ Works off site at a nonradiological facility
- D1.3 ☐ Works at an off-site area remote from emergency resources
- D1.4 ☐ Occasionally works in an extremely hot or cold environment or supervises those who do
- D1.5 ☐ Works off site at a radiological facility (including ANL-W)

D2 ☐ Yes ☐ No — Does the person have any of the following duties or responsibilities associated with use of **COMPUTERS**? (If YES, check all that apply.)

- D2.1 ☐ Uses, supervises, or manages the use of computers (requires computer protection training)
- D2.2 ☐ Uses a computer or other video display terminal more than 4 hours per day (suggested ergonomics training)
- D2.3 ☐ Is a Computer Protection Representative for a department or division

D3 ☐ Yes ☐ No — Is the person a **RECORDS COORDINATOR** or alternate?

D4 ☐ Yes ☐ No — Does the person work primarily (50% or more) in an **OFFICE**?

D5 ☐ Yes ☐ No — Does the person supervise **STUDENTS**?

D6 ☐ Yes ☐ No — Does the person **OPERATE A VEHICLE** as part of assigned responsibilities (does not include use of personal vehicle less than 5 hours per week)? (If YES, check all that apply.)

- D6.1 ☐ Drives a Laboratory, rental, or personal vehicle on or off site for Laboratory business more than 5 hours per week
- D6.2 ☐ Operates heavy equipment, including front loader/skid loader (requiring commercial driver's license)
- D6.3 ☐ Operates a commercial vehicle (>26,000 pounds) off site

D7 ☐ Yes ☐ No — Does the person have any of the following **ES&H OR QUALITY ASSURANCE** duties or responsibilities, including acting as a designated alternate? (If YES, check all that apply.)

- D7.1 ☐ Environment, Safety, and Health Coordinator for an organization that DOES NOT generate hazardous waste requiring pickup by Waste Management Operations (WMO) for proper disposal
- D7.2 ☐ Environment, Safety, and Health Coordinator for an organization that DOES generate hazardous waste requiring pickup by Waste Management Operations (WMO) for proper disposal (Check the one that applies.)
  - D7.2.1 ☐ An R&D organization
  - D7.2.2 ☐ A support organization
- D7.3 ☐ Environmental Compliance Representative for an organization that DOES NOT generate hazardous waste requiring pickup by Waste Management Operations (WMO) for proper disposal
- D7.4 ☐ Environmental Compliance Representative for an organization that DOES generate hazardous waste requiring pickup by Waste Management Operations (WMO) for proper disposal (Check the one that applies.)
  - D7.4.1 ☐ An R&D organization
  - D7.4.2 ☐ A support organization
- D7.5 ☐ Safety Coordinator
- D7.6 ☐ Chemical Hygiene Officer
- D7.7 ☐ Quality Assurance Representative (QAR) or Quality Assurance Coordinator

D8 ☐ Yes ☐ No Does the person have any of the following **ADMINISTRATIVE OR MANAGEMENT** responsibilities? (If YES, check all that apply.)

- D8.1 ☐ Management position (e.g., Division Director, Department Head, or Project/Program Manager) in an organization that: (If YES, check the one that applies.)
  - D8.1.1 ☐ Generates hazardous waste
  - D8.1.2 ☐ Does NOT generate hazardous waste
- D8.2 ☐ *Building Administrator, Building Manager, designated alternate, or division-level equivalent*
- D8.3 ☐ Property Representative

D9 ☐ Yes ☐ No Does the person have any of the following **SAFETY-RELATED TECHNICAL RESPONSIBILITIES?** (If YES, check all that apply.)

- D9.1 ☐ Material Balance Custodian, Nuclear Material Custodian, Division Nuclear Material Contact, or their designated alternates
- D9.2 ☐ Accelerator Operator
- D9.3 ☐ Reactor Operator
- D9.4 ☐ Nuclear Material Handler
- D9.5 ☐ Fissile Material Handler (defined in Nuclear Safety Procedures Manual)

D10 ☐ Yes ☐ No Does the person have any of the following duties or responsibilities related to **CONSTRUCTION** work? (If YES, check all that apply.)

- D10.1 ☐ Occasionally supervises, oversees, or inspects low-risk construction or installation contract work on site (e.g., Building Managers and project managers)
- D10.2 ☐ Serve as a Competent Person for excavations
- D10.3 ☐ Serve as a Construction Field Representative, Construction Safety Inspector, or a Construction Project Manager for PFS, EMO, or APS

D11 ☐ Yes ☐ No Is the person a **HEALTH-CARE** worker?

D12 ☐ Yes ☐ No Does the person have any of the following responsibilities in the ANL-E **EMERGENCY MANAGEMENT** program? (If YES, check all that apply.)

- D12.1 ☐ Area Emergency Supervisor or Alternate
- D12.2 ☐ Building Emergency Monitor or Alternate
- D12.3 ☐ Fire Fighter/Paramedic
- D12.4 ☐ Incident Commander
- D12.5 ☐ Crisis Manager or Technical Support Center Manager
- D12.6 ☐ Staff in Technical Support Center or Emergency Operations Center
- D12.7 ☐ Recovery and Reentry Team Member
- D12.8 ☐ Medical Department Response Team
- D12.9 ☐ Protective Force (MSI)

D13 ☐ Yes ☐ No Does the person need to learn about the use of **FIRE EXTINGUISHERS?** (If YES, check all that apply.)

- D13.1 ☐ Orientation for awareness and potential use
- D13.2 ☐ Hands-on training for proficiency

OFFICE WORKER OPTION

D14 Check here ☐ if the person **WORKS ONLY IN A NORMAL OFFICE ENVIRONMENT** and answer questions D14.1 and D14.2.

D14.1 ☐ Yes ☐ No Does the person routinely **ENCOUNTER** (without a need for entry) areas posted with **RADIOLOGICAL** warning signs?

D14.2 ☐ Yes ☐ No Does the person maintain, modify, connect, or repair **ELECTRICAL/ELECTRONIC EQUIPMENT** with potential for exposure to energy greater than 50 volts AC (does not include normal operation of office equipment)?

☞ **Stop here if you work only in a normal office environment.** If only pages 1, 2, and 3 are completed, then the ESH Coordinator's signature MUST be on page 1. All other personnel should also complete pages 4-8.

Radiological

R1 ☐ Yes ☐ No — Does the person routinely **ENCOUNTER** (without a need for entry) areas posted with **RADIOLOGICAL** warning signs?

R2 ☐ Yes ☐ No — Must the person enter, without an escort, a radiologically controlled area and is his/her anticipated annual dose from internal and external sources **LESS THAN 100 millirem**?

R3 ☐ Yes ☐ No — Does the person anticipate receiving an annual occupational radiation dose of **100 millirem OR MORE** from internal and external sources?

R4 ☐ Yes ☐ No — Does the person work with **DISPERSIBLE** radioactive material in quantities greater than 2% of the ALI (annual limit of intake)? Contact ESH-Health Physics if you need assistance to answer this question.

R5 ☐ Yes ☐ No — Must the person **ENTER**, without an escort, any area posted with one of the following **RADIOLOGICAL** warning signs? (If YES, check all that apply.)

- R5.1 ☐ Radiation Area
- R5.2 ☐ Radiological Buffer Area
- R5.3 ☐ Contamination Area
- R5.4 ☐ High or Very High Radiation Area
- R5.5 ☐ Airborne Radioactivity Area

R6 ☐ Yes ☐ No — Must the person use any personal **PROTECTIVE CLOTHING OR EQUIPMENT** for radiological protection? (If YES, check all that apply.)

- R6.1 ☐ Magenta lab coat, shoe covers, gloves
- R6.2 ☐ Negative-pressure, air-purifying respirator
- R6.3 ☐ Supplied-air respirator

R7 ☐ Yes ☐ No — Does the person work with any form of tritium or alpha-emitting radionuclides in quantities greater than 2% of the ALI (annual limit of intake)? (If YES, check all that apply.)

- R7.1 ☐ Tritium
- R7.2 ☐ Alpha-emitting nuclides, e.g., uranium or plutonium

R8 ☐ Yes ☐ No — Is the person responsible for maintaining an organization's inventory of **SEALED RADIOACTIVE SOURCES**?

R9 ☐ Yes ☐ No — Does the person operate, use, maintain, or inspect any **RADIATION GENERATING DEVICES** or supervise those who do? (If YES, check all that apply.)

- R9.1 ☐ Electron microscope
- R9.2 ☐ Radiography device
- R9.3 ☐ Particle accelerator
- R9.4 ☐ Irradiator
- R9.5 ☐ Analytical x-ray generator

R10 ☐ Yes ☐ No — Is the person required to have unescorted access to radiologically controlled areas at an accelerator facility?

R11 ☐ Yes ☐ No — Does the person design, engineer, or serve as a construction project manager or ALARA coordinator for any **RADIOLOGICAL FACILITIES OR EQUIPMENT**?

Physical Hazards

P1 ☐ Yes ☐ No — Does the person work with, supervise work with, or have significant potential for harm from (see DEFINITIONS, page 8) exposed sources of **ULTRAVIOLET** (uv) radiation other than sunlight (e.g., welding, metal vapor lamps, gas discharge lamps, plasma discharges, uv lasers, sterilizers, illuminators, uv spectrometer alignment or maintenance, uv photography)?

P2 ☐ Yes ☐ No — Does the person work with or have significant potential for exposure (see DEFINITIONS, page 8) to **MICROWAVE OR RADIOFREQUENCY** radiation or supervise such work (does not include communication equipment and domestic microwave ovens)?

P3 ☐ Yes ☐ No Does the person work with or have significant potential for exposure (see DEFINITIONS, page 8) to **MAGNETIC FIELDS** greater than 60 millitesla or supervise such work? If uncertain, consult your ESH Coordinator.

P4 ☐ Yes ☐ No Does the person (a) work with or supervise work with Class 3 or Class 4 **LASERS**, including those that are components of other equipment, (b) have a potential for exposure to laser radiation, or (c) serve as a laser custodian (does not include bar code readers, laser pointers, laser printers, laser disk drives)? (If YES, check all that apply.)

- P4.1 ☐ User or supervisor
- P4.2 ☐ Safety watch (for electrical work)

P5 ☐ Yes ☐ No Is the person regularly required to use **PERSONAL PROTECTIVE EQUIPMENT** (PPE), including any of the following: safety glasses or other eye protection, hearing protection, hard hat, foot protection, gloves for chemicals or physical hazards?

P6 ☐ Yes ☐ No Does the person use **RESPIRATORY PROTECTION** equipment or supervise those who do? (If YES, check all that apply.)

- P6.1 ☐ Uses negative-pressure air-purifying respirator (e.g., half-face or full-face respirator with air-purifying cartridges)
- P6.2 ☐ Uses self-contained breathing apparatus (SCBA), air-line supply respirator, or supplied-air hood
- P6.3 ☐ Supervises work requiring respiratory protection equipment, but does not need to use the equipment.

P7 ☐ Yes ☐ No Is the person exposed to more than 85 dBA time-weighted average (requires raised voice for conversation) **NOISE** for more than 30 days per year or does the person supervise others exposed to that level of noise?

P8 ☐ Yes ☐ No Does the person work with or supervise work with **CRYOGENIC FLUIDS** (e.g., liquid nitrogen, helium, argon, or oxygen) or in a space where cryogenic fluids are used?

P9 ☐ Yes ☐ No Does the person work with or supervise work with **COMPRESSED GASES**, compressed gas control devices, or equipment for transporting compressed gas cylinders?

P10 ☐ Yes ☐ No Does the person have any of the following responsibilities for **ELECTRICAL WORK**? (If YES, check all that apply.)

- P10.1 ☐ Maintains, modifies, connects, or repairs electrical/electronic equipment with potential for exposure to energy greater than 50 volts AC (does not include normal operation of office equipment)
- P10.2 ☐ Supervises persons who maintain, modify, connect, or repair electrical/electronic equipment with potential for exposure to energy greater than 50 volts AC (does not include normal operation of office equipment)
- P10.3 ☐ Works on or approves work on energized circuits ("WORKING HOT") with electrical equipment having potentials greater than 50 volts AC (e.g., modifying, maintaining, wiring, repairing)?
- P10.4 ☐ As safety watch for "hot work" on electrical systems?
- P10.5 ☐ As electrical distribution lineman?

P11 ☐ Yes ☐ No Does the person have any of the following direct or indirect responsibilities for **LOCKOUT/TAGOUT** to prevent the release of energy or unexpected startup of equipment during repair, maintenance, or installation activities? (If YES, check all that apply.)

- P11.1 ☐ Applies locks and tags to energy control devices (e.g., electrical breakers or valves)
- P11.2 ☐ Normally operates equipment that will be locked out during repair and maintenance activities (i.e., an "affected employee" per ESH Manual Chap. 7-1)?
- P11.3 ☐ Supervises others who are authorized to lock out equipment or work with equipment that requires lockout for repair or maintenance?

P12 ☐ Yes ☐ No Does the person enter **CONFINED SPACES**, serve as an attendant for confined-space entry, or sign confined-space entry permits?

P13 ☐ Yes ☐ No Does the person **SUPERVISE** those who enter **CONFINED SPACES**, serve as an attendant for confined-space entry, or sign confined-space entry permits?

P14 ☐ Yes ☐ No Does the person use ladders or other **CLIMBING EQUIPMENT** to work above 6 feet? (If YES, check all that apply.)

- P14.1 ☐ For construction work
- P14.2 ☐ For non-construction work

P15 ☐ Yes ☐ No Does the person's work involve use of **SCAFFOLDS OR PLATFORMS?** (If YES, check one.)

- P15.1 ☐ Uses equipment
- P15.2 ☐ Supervises use of equipment

P16 ☐ Yes ☐ No Is the person regularly required to **LIFT** more than 20 pounds (includes furniture moving)?

Chemical and Biological

C1 ☐ Yes ☐ No Does the person routinely work with significant (see DEFINITIONS, page 8) amounts of **HAZARDOUS MATERIALS** (e.g., chemicals, chemical products, or compressed gases)? (If YES, check one.)

- C1.1 ☐ As part of R&D activities
- C1.2 ☐ As part of support activities

C2 ☐ Yes ☐ No Does the person **SUPERVISE** those who work with **HAZARDOUS MATERIALS** (e.g., chemicals, chemical products, or compressed gases)? (If YES, check one.)

- C2.1 ☐ In an R&D organization
- C2.2 ☐ In a support organization

C3 ☐ Yes ☐ No Does the person work with any of the following types of **HAZARDOUS CHEMICALS** or chemical products? (If YES, check all that apply.)

- C3.1 ☐ Flammable or combustible liquids or gases
- C3.2 ☐ Air- or water-reactive chemicals
- C3.3 ☐ Organic peroxides or oxidizers
- C3.4 ☐ Corrosive, irritating, or sensitizing chemicals
- C3.5 ☐ Explosives
- C3.6 ☐ Toxic or highly toxic chemicals
- C3.7 ☐ Chemicals that damage the skin, mucous membranes, or eyes
- C3.8 ☐ Liver, kidney, or nerve toxins
- C3.9 ☐ Chemicals that affect blood or the blood-forming system
- C3.10 ☐ Agents that damage lungs
- C3.11 ☐ Reproductive hazards
- C3.12 ☐ Carcinogens (defined in ESH Manual Chap. 4-5)

C4 ☐ Yes ☐ No Does the person work with **INORGANIC LEAD** under conditions where significant exposure is likely? Does not include occasional laboratory work with lead salts and lead bricks. If uncertain, consult your ESH Coordinator. (If YES, check one.)

- C4.1 ☐ Handles inorganic lead with low to moderate potential for exposure (e.g., shielding, fabrication, construction, storage)
- C4.2 ☐ Works in environments having airborne inorganic lead at or above 30 micrograms per cubic meter

C5 ☐ Yes ☐ No Do the person's responsibilities include **ASBESTOS** abatement or handling, or work with potential for asbestos contact, as a worker, supervisor, manager, planner, or inspector (Classes I, II, III, IV asbestos work as defined by the OSHA Construction Industry Standard)? (If YES, check all that apply.)

- C5.1 ☐ Performs Class I and/or Class II asbestos removal work
- C5.2 ☐ Performs Class III asbestos work (includes contacting and disturbing asbestos)
- C5.3 ☐ Performs Class IV asbestos work (includes potential contact with asbestos, e.g., working above ceilings)
- C5.4 ☐ Supervises performance of Class I and/or Class II asbestos removal work
- C5.5 ☐ Prepares or approves work plans for Class I and/or Class II asbestos removal work
- C5.6 ☐ Collects samples to identify asbestos-containing materials (ACM) and assesses the condition of ACM (includes building asbestos inspectors)
- C5.7 ☐ Assesses hazards posed by asbestos-containing materials and determines the scope and timing of response actions

C6 ☐ Yes ☐ No Does the person's work have the potential for exposure to human blood, other human body fluids, medical waste, restroom waste, open wounds, or excised tissues, or does the person supervise such work? (If YES, check one.)

- C6.1 ☐ In R&D activities
- C6.2 ☐ In support activities

C7 ☐ Yes ☐ No Does the person work with biological materials such as bacteria cultures or toxins, virus cultures, medical waste, animals or animal waste, sanitary sewage, or supervise such work?

Environmental Protection and Waste Management

E1 ☐ Yes ☐ No Does the person either (a) work with hazardous waste or (b) generate **HAZARDOUS WASTE** requiring pickup by Waste Management Operations (WMO) for proper disposal. (If YES, check all that apply.)

- E1.1 ☐ As part of R&D activities
- E1.2 ☐ As part of support activities
- E1.3 ☐ At a permitted Treatment, Storage, and Disposal Facility (TSDF)
- E1.4 ☐ At a hazardous waste site

E2 ☐ Yes ☐ No Is the person responsible for (a) completing, (b) completing and signing, or (c) signing **CHEMICAL WASTE REQUISITION** Form EWM-197?

E3 ☐ Yes ☐ No Does the person **SUPERVISE** those who generate, treat, or dispose of **HAZARDOUS WASTE**? (If YES, check all that apply.)

- E3.1 ☐ In an R&D organization
- E3.2 ☐ In a support organization
- E3.3 ☐ At a permitted Treatment, Storage, and Disposal Facility (TSDF)
- E3.4 ☐ At a hazardous waste site

E4 ☐ Yes ☐ No Does the person **GENERATE RADIOACTIVE WASTE** requiring pickup by Waste Management Operations (WMO) for proper disposal?

E5 ☐ Yes ☐ No Does the person **SUPERVISE** those who generate **RADIOACTIVE WASTE** requiring disposal by Waste Management Operations (WMO)?

E6 ☐ Yes ☐ No Does the person's work involve **PACKAGING, SHIPPING, OR VEHICULAR TRANSPORT** of radioactive or hazardous materials? (If YES, check all that apply.)

- E6.1 ☐ HazMat Employee (defined in ANL-E Transportation Safety Manual)
- E6.2 ☐ HazMat employee who packages, ships, or transports **radioactive materials**
- E6.3 ☐ HazMat employee who packages, ships, or transports **hazardous waste**
- E6.4 ☐ Any of the following: coordinator of packaging, shipping, or transportation; Transportation Safety Officer or Assistant; DOT Trainer

E7 ☐ Yes ☐ No Does the person process, handle, or survey **SOLID WASTES** (e.g., gurneys, dumpsters, large waste bins)?

Machines and Equipment

M1 ☐ Yes ☐ No Does the person operate any **HOISTING AND RIGGING EQUIPMENT**? (If YES, check all that apply.)

- M1.1 ☐ Crane-related equipment (Check ONLY one.)
  - M1.1.1 ☐ Electrical overhead travel (EOT) crane (requires 3-day course)
  - M1.1.2 ☐ Electrical overhead travel (EOT) crane as PFS-MC Frequent Inspector
  - M1.1.3 ☐ Manual- or power-operated hoist, winch, jib, monorail, or floor crane (requires 1-day course)
- M1.2 ☐ PFS-SS mobile crane (Pettibone)
- M1.3 ☐ Articulating-boom mobile crane (EMO vehicle)
- M1.4 ☐ Forklift truck as incidental part of job
- M1.5 ☐ Forklift truck as rigger or rigger helper
- M1.6 ☐ Motorized pallet mover ("powered walkie")

M2 ☐ Yes ☐ No — Is the person a PFS-MC **FREQUENT INSPECTOR** of manual- and power-operated electrical overhead travel (EOT) cranes and hoisting equipment?

M3 ☐ Yes ☐ No — Does the person **SUPERVISE** any PFS-MC **FREQUENT INSPECTOR** for manual- and power-operated electrical overhead travel (EOT) cranes and hoisting equipment?

M4 ☐ Yes ☐ No — Does the person **SUPERVISE** operation of any of the following types of **HOISTING AND RIGGING EQUIPMENT**? (If YES, check all that apply.)

- M4.1 ☐ Electrical overhead travel (EOT) crane
- M4.2 ☐ Manual- or power-operated hoist, winch, jib, monorail, or floor crane
- M4.3 ☐ Forklift truck operated by incidental operators
- M4.4 ☐ Forklift truck operated by rigger or rigger helper

M5 ☐ Yes ☐ No — Does the person operate any of the following **SPECIALTY VEHICLES OR EQUIPMENT**? (If YES, check all that apply.)

- M5.1 ☐ Backhoe, wheel/crawler and skid loader, or tractor/mower (PFS equipment only)
- M5.2 ☐ Backhoe (NOT as a PFS employee)
- M5.3 ☐ PFS truck-mounted elevating/rotating aerial (lift bucket) device
- M5.4 ☐ Industrial tow tractor (APS vehicle)
- M5.5 ☐ Class A or B vehicle

M6 ☐ Yes ☐ No — Does the person perform **WELDING**? (If YES, check all that apply.)

- M6.1 ☐ Electric arc
- M6.2 ☐ Oxyfuel as a PFS employee
- M6.3 ☐ Oxyfuel NOT as a PFS employee

M7 ☐ Yes ☐ No — Does the person use or operate any of the following equipment? (If YES, check all that apply.)

- M7.1 ☐ Mechanical floor-cleaning equipment
- M7.2 ☐ Portable and hand-held power tools
- M7.3 ☐ Powered or manual snow removal equipment
- M7.4 ☐ Chain saw
- M7.5 ☐ Tree-pruning equipment or wood chipper

REMINDER

☞ A. Fill in the blanks on page 1.

☞ B. Answer all of the questions as instructed.

☞ C. Submit the completed questionnaire to your ESH Coordinator or TMS Representative.

DEFINITIONS

Enter without an escort	Authority to enter an area because required training has been successfully completed.
Escort	An employee who has successfully completed all required training necessary to enter an area. The employee may authorize entry to untrained individuals, if appropriate information about the hazards is provided.
Hands-on work	Physically operating or manipulating equipment or materials whether or not using personal protective equipment or containment devices (e.g., hood or glovebox).
R&D activity	Work conducted by members of Argonne's programmatic divisions, most of which include science and engineering research and development activities in laboratories or other experimental facilities. Organizations conducting such activities are called *R&D organizations*.
Significant potential for exposure	The significance of the potential exposure depends on the quantity, level, concentration, or intensity of the harmful agent; the severity of the harmful effects if they occurred; and the degree of hazard in the absence of any personal protective equipment.
Supervise	Personally provide specific instructions and guidance, assign tasks and work locations, or directly oversee day-to-day work. Typically includes first-line managers, group leaders, principal investigators, and foremen.
Support activity	Generally, work conducted by members of Argonne's non-programmatic divisions, for whom the primary role is to support, rather than to perform, R&D activities.

U.S. Department of Energy
Voluntary Protection Program
Best Practice Submittal Form

Name:	**Robert H. Oliver**
Organization:	**Bechtel-Savannah River**
Address:	**Bechtel-Savannah River, Inc., Building 740-N Aiken, SC**
Phone:	**(803) 557-4034**
FAX:	**(803) 557-4075**
E-mail:	**robert.oliver@srs.gov**

Best Practice Title/Identifier:	**SAFE-T Construction Safety Program**

Please provide a brief description of the best practice you are submitting for your site:

Bechtel-Savannah River Construction Safety personnel have implemented a comprehensive Construction Safety Program at SRS which fully encompasses and promotes the five VPP tenets. An annual brochure is distributed to all employees that provides complete SRS VPP Program information, annual goals and milestones, key VPP contact information, and program implementation guidance. A notable example of BSRI's VPP program is the Self Awareness For Employees Team (S.A.F.E.-T.) Process. This tool is used to improve workplace safety through observation of work in progress. It involves a process of observing work being done, providing positive and negative feedback regarding observed work practices, and furnishing a forum for workers to anonymously provide comments to improve the overall safety program.

Please check the applicable category for your best practice:

- ☑ **Management Leadership**
- ☑ **Worksite Analysis**
- ☐ **Safety and Health Training**
- ☑ **Employee Involvement**
- ☐ **Hazard Prevention and Control**

Other (please specify):

E-mail your completed form to sanjeeva.kanth@eh.doe.gov or fax to 301-903-2239. Remember to attach any supplemental material regarding your best practice, if available. Contact Sanjeeva Kanth at 301-903-4516 with any questions.

U.S. Department of Energy

Voluntary Protection Program

Best Practice Submittal Form

Name:	**Merl Rosenthal**
Organization:	**Westinghouse Electric Corporation**
Address:	**P.O. Box 2078** **Carlsbad, New Mexico**
Phone:	**505-234-8902**
FAX:	
E-mail:	**rosentm@wipp.carlsbad.nm.us**

Best Practice Title/Identifier:	**Predictive Maintenance**

Please provide a brief description of the best practice you are submitting for your site:

Predictive Maintenance (PdM) is the concept of using technologies to determine a machine's/component's condition without disturbing normal operations in an effort to forecast required maintenance and maintenance schedules. PdM involves collecting and trending data to reduce or eliminate unnecessary repairs and unexpected failures. Numerous technicians are available for collecting data. WIPP uses three technologies: Infrared Thermography; Ultrasound; and Vibration Analysis.

-CONTINUED ON NEXT PAGE

Please check the applicable category for your best practice:

- ☐ **Management Leadership**
- ☑ **Worksite Analysis**
- ☐ **Safety and Health Training**
- ☐ **Employee Involvement**
- ☑ **Hazard Prevention and Control**

Other (please specify):

E-mail your completed form to sanjeeva.kanth@eh.doe.gov or fax to 301-903-2239. Remember to attach any supplemental material regarding your best practice, if available. Contact Sanjeeva Kanth at 301-903-4516 with any questions.

Brief description of the best practice (cont.):

Infrared Thermography is a non-contact technology that makes visible the heat differences in operating equipment. In electrical systems, thermography can detect poor connections; overloads; load imbalances; and faulty, mismatched or improperly installed components. In mechanical systems, it can detect bearing degradation, proper operation of steam traps, building envelopes, and motor problems.

The technology of ultrasound is concerned with sound waves that occur above human perception, usually from 20,000 Hertz and up. When there is an electrical discharge, it disturbs the air molecules around it, producing ultrasound. Therefore, in electrical systems, ultrasound is used to detect corona, tracking or arcing. In mechanical systems, ultrasound can be used to detect bearing degradation, valve operation, compressed air leaks, and vacuum leaks.

In Vibration Analysis, the vibration signature of a piece of machinery is acquired for the purpose of trending and fault identification. The vibration signature provides information concerning the severity of a problem, but it also points to the possible source of the problem. This technique is used on rotating machinery, such as: fans; pumps; motors; and compressors.

The equipment that is included in the Predictive Maintenance Program is chosen from the essential equipment list and by cognizant and maintenance engineers. Any equipment may be included at any time due to rate of failure and cost of repairs/replacement. Generally, electrical equipment is surveyed every 6 to 12 months or even more often if warranted by history, local conditions, or need. Mechanical equipment is monitored on a quarterly basis (every three months). Periodicity can be changed as conditions change.

SOUTHEAST
David Smith 301-903-4669

(KY,TN,NC,SC,GA,FL,MS,AL,VA)
The Lockheed Martin Energy Systems at Oak Ridge are proceeding with their DOE-VPP efforts and will report their progress in the next issue. (Submitted by Andy Griffin, 423-241-2434)

After Westinghouse/Bechtel (Savannah River Site) resolves some recordkeeping issues, EH will again consider an on-site review.

Wackenhut Services, Inc. (Savannah River Site) is the first security contractor to apply to the DOE-VPP. WSI-SRS submitted their application to DOE-SR in August 1996. The Wackenhut Services, Inc. VPP Steering Committee receives superior support from SR management and the UPGWA, United Plant Guard Workers Association, in implementing a world class safety and health environment for all employees. All supervisors attended a National Safety Council Hazard Recognition Course. The Wackenhut Services, Inc. VPP Steering Committee is involving the families of our employees through a safety coloring calendar contest. Through the efforts of empowered employees, Wackenhut Services, Inc. reduced its Lost Workday cases by 95% in 1995. (Submitted by Bennie Efirt, 803-557-6862).

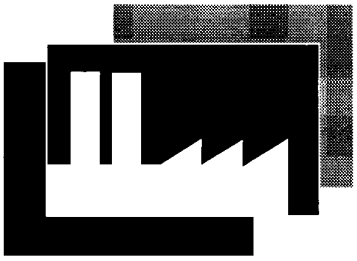
SOUTHWEST/ WEST
Sanji Kanth 301-903-4516

(CA,NV,AZ)
Bechtel Petroleum Operations, Inc (BPOI) in Tuppman, CA. The company is working to address previous scoping visit issues pertaining to process safety management. The scoping visit was conducted in April 1996 by DOE-VPP HQ personnel and an OSHA engineer. BPOI is reassessing its DOE-VPP readiness in light of recent recordable injury/illness rate fluctuations. (Submitted by Kurt Brown)

Bechtel Nevada Test Site submitted its DOE-VPP application to the Nevada Operations Office on September 30th. Don Harvey with Defense Programs visited the site for a week in October to assist Operations Office personnel in the review of the application. The site's three previous contractor programs have been rolled into one administered by Bechtel. The company is addressing Mr. Harvey's comments from the review. (Submitted by Ruby Lopez Owens, 702-295-0953)

HEADQUARTERS
Ron Eimer 301-903-4435

Ron Eimer, accompanied by Mike Moore, who works in HQ dealing with EH-related contracting language and performance measures, made a presentation in November to the VPPPA Board of Directors. Mr. Eimer discussed the status of the DOE-VPP. Mr. Moore's presentation covered a general explanation of the DOE contracting process and a discussion of EH performance measures. Both parties entertained questions at the end of the presentations. (Submitted by Ron Eimer, 301-903-4435)



Focus on Programs

Contractor Programs of Note

Westinghouse uses Infrared Thermography to Detect Hot Spots

Westinghouse uses infrared thermography to detect spots in electrical equipment in support of Waste Isolation Pilot Plant's (WIPP) predictive maintenance program. By scanning substations, distribution lighting panels, and electrical motors, Westinghouse maintenance electricians eliminate problems before they cause system failure. The results: A reduction in preventative maintenance jobs and the avoidance of costly operations downtime.

By taking a thermograph of site electrical panels, Westinghouse develops and reads a "heat picture" which reveals components that are overloaded or may become faulty. Unlike normal components, faulty components exhibit higher temperature profiles that are indicative of potential failure.

Thermography verifies that electrical connections are properly made and maintained. Through its usage, to date, several hot spots — mostly loose electrical connections or an unbalanced power load common to hoist transformers — have been identified.

Thermography also detects hot spots that might be overlooked by visual inspections. During one instance, Westinghouse operations interrupted the power supply to an above ground trailer when infrared test equipment detected a hot spot registering 123 degrees over ambient. A fire could have started, resulting in probable loss of valuable records and equipment, had the problem not been intercepted. This method can be extended and applied throughout the complex, once personnel complete a qualification program to use the thermography equipment. (Submitted by Maintenance supervisor Jerry Brown at 505 234-8653)

U.S. Department of Energy

Voluntary Protection Program

Best Practice Submittal Form

Name:	**Merl Rosenthal**
Organization:	**Westinghouse Electric Corporation**
Address:	**P.O. Box 2078** **Carlsbad, New Mexico**
Phone:	**(505) 234-8902**
FAX:	
E-mail:	**rosentm@wipp.carlsbad.nm.us**

Best Practice Title/Identifier: **Lessons Learned**

Please provide a brief description of the best practice you are submitting for your site:

WIPP has developed a lessons learned program to ensure ongoing improvement of plant safety and reliability. The program provides a disciplined and integrated process to identify, communicate, and ensure understanding by employees of applicable lessons learned information gleaned from government, industry, and WIPP operating experience.

Please check the applicable category for your best practice:

- ☐ **Management Leadership**
- ☑ **Worksite Analysis**
- ☐ **Safety and Health Training**
- ☐ **Employee Involvement**
- ☑ **Hazard Prevention and Control**

Other (please specify):

E-mail your completed form to sanjeeva.kanth@eh.doe.gov or fax to 301-903-2239. Remember to attach any supplemental material regarding your best practice, if available. Contact Sanjeeva Kanth at 301-903-4516 with any questions.

U.S. Department of Energy

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Name:	**Merl Rosenthal**
Organization:	**Westinghouse Electric Corporation**
Address:	**P.O. Box 2078** **Carlsbad, New Mexico**
Phone:	**505-234-8902**
FAX:	
E-mail:	**rosentm@wipp.carlsbad.nm.us**

Best Practice Title/Identifier:	**Porcelain Press Information**

Please provide a brief description of the best practice you are submitting for your site:

The idea for the Porcelain Press resulted from a visit to the Sandia National Laboratories office in Carlsbad, New Mexico; the major difference being that their Press deals with a variety of topics and the WIPP Press focuses on safety-related information.

The First WIPP Porcelain Press was published on May 11, 1998, and there have been 31 editions to-date which is approximately one edition every 2 weeks or 10 working days. We try not to leave these articles up for more than 15 days.

-CONTINUED ON NEXT PAGE

Please check the applicable category for your best practice:

- ☐ **Management Leadership**
- ☐ **Worksite Analysis**
- ☐ **Safety and Health Training**
- ☑ **Employee Involvement**
- ☑ **Hazard Prevention and Control**

Other (please specify):

E-mail your completed form to sanjeeva.kanth@eh.doe.gov or fax to 301-903-2239. Remember to attach any supplemental material regarding your best practice, if available. Contact Sanjeeva Kanth at 301-903-4516 with any questions.

Brief description of the best practice (cont.):

These newsletters are one page documents placed in plexiglass holders which are mounted on the wall at seated eye-level beside the toilet paper holders inside the restroom stalls, or at standing eye-level above the urinals. Additionally, copies are placed in the in-baskets for those employees working in the WIPP underground.

Topics for these publications are classified as follows:
Topic 1 - Voluntary Protection Program
Topic 2 - National Safety Month
Topic 3 - General Safety
Topic 4 - Integrated Safety Management System
Topic 5 - Radiation/ALARA (As Low As Reasonably Achievable)
Topic 6 - Lessons Learned Bulletins

Specific topics have ranged from announcing presentations/events during National Safety Month to information on the four types of Ionizing Radiation to statistics on distance, and how little time is saved speeding (this article gave details on the distance from town to the WIPP site and the time actually saved by going various speeds). Our intentions are to make the topics personal to the WIPP employees and their families, and timely in relation to current events.

U.S. Department of Energy

Voluntary Protection Program

Best Practice Submittal Form

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Best Practice Title/Identifier:	**Construction Safety Program**

Please provide a brief description of the best practice you are submitting for your site:

The construction safety program is a complete, start to finish program that is integrated into the entire construction process. Safety is assessed beginning in the project design; safety is designed into the project; safety expectations are clearly communicated in the contracts and project meetings; Job Safety Analysis is conducted on every phase of the job; field inspections are continuous and rigorous; and lastly expectations are enforced. There are many elements of the program, these are but some of the major ones.

Please check the applicable category for your best practice:

- ☐ **Management Leadership**
- ☑ **Worksite Analysis**
- ☐ **Safety and Health Training**
- ☐ **Employee Involvement**
- ☑ **Hazard Prevention and Control**

Other (please specify):

E-mail your completed form to sanjeeva.kanth@eh.doe.gov or fax to 301-903-2239. Remember to attach any supplemental material regarding your best practice, if available. Contact Sanjeeva Kanth at 301-903-4516 with any questions.